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NOTTINGHAMSHIRE COUNTY COUNCIL
EDUCATION COMMITTEE.

ANNUAL REPORT
OF THE
SCHOOL MEDICAL OFFICER
FOR THE YEAR 1934.

CHRISTOPHER TIBBITS,
M.R.C.S., L.R.C.P., D.P.H.

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ANNUAL REPORT

of the

SCHOOL MEDICAL OFFICER

FOR THE YEAR 1934.

PUBLIC HEALTH DEPARTMENT,
THE SHIRE HALL,
NOTTINGHAM.

1st March, 1935.

*To the Chairman and Members of the Education Committee
of the Nottinghamshire County Council.*

LADIES AND GENTLEMEN,

During the calendar year 1934, the period covered by this Report, there has been a resumption of the programme of expansion of Service, following upon a period of compulsory quiet.

Two additional Dental Officers and two Dental Attendants were appointed and started work on 2nd July, to maintain the efficiency of the Dental Service on a basis of annual treatment of all children in the schools desirous of accepting treatment.

Two additional School Clinics were opened, at Warsop and at Selston.

Existing Services were maintained and the figures given later show generally satisfactory results.

A major interest throughout the year for all engaged in School Medical work has been that of watching the children for any indication of health deterioration consequent upon industrial depression. This question is dealt with at some length later in the Report and it suffices here to record the opinion that there is as yet no justification for anxiety from the medical viewpoint.

There is need for watchfulness and this will continue to be maintained.

SCHOOL MILK SCHEME. An important new scheme came into operation during the year, involving anxious consideration on grounds of policy and resulting in a large accession of administrative work—the Milk Marketing Board's School Milk Scheme.

This scheme placed a direct onus upon the County Medical Officer to approve or disapprove proposed milk supplies as to "quality and source." Approved milks only would qualify for the rebate of a half-penny per third of a pint of milk paid by the Milk Marketing Board, and such milks could be sold to the children for an equivalent sum. This appeared to provide for a cheap milk supply to children just at a period when times were hard and anxiety was being expressed in some quarters about their "nutrition."

In accordance with the policy previously approved by the Education Committee that no school milk supply could be officially approved unless it were of one of the following three grades :—

“Certified,”

Grade A. (T.T.),

Pasteurised (under licence),

I decided only to approve such milks under the new scheme. Head Teachers were promptly informed of this decision, as the initiative for securing milk supplies under the scheme lay with the Head Teachers.

This decision, of course, meant excluding milk supplies from many small schools, at any rate for a period, as supplies of the designated milks would not be available generally in rural areas, or alternatively it involved supplies being arranged by Head Teachers, which, not being approved by me, would not qualify for rebate and could only be sold to children at the price of a penny per third of a pint.

Both these difficulties were serious, but after weighing the evidence both for the whole Country and for the County as to the incidence of bovine tuberculosis I had no doubt that it was my duty to approve only such milks as were as safe as practicable against the risk of conveying bovine tubercle.

Milk is, beyond question, very desirable as a food for children.

If there were evidence that the County children were suffering in nutrition, there lay an argument for supplying their needs by means of milk, but if there were in fact such suffering, there lay a still stronger argument for supplying them only with such milk as their condition of lowered vitality could safely receive. If there were no evidence of deterioration of nutrition, the need for a new source of nutriment, however valuable dietetically, was weakened and against the solid evidence of risk from bovine tubercle the need could not be strongly supported.

I decided on such grounds, amongst others, to restrict my approval to “safeguarded” milks, and whilst my decision has been assailed in many quarters, though supported, I am most grateful to acknowledge, by the Education Committee, the result has been far from disappointing. No less than 160 schools, representing a population of over 30,000 children, have received supplies of “approved” milk.

JOINT APPOINTMENTS. (District Medical Officers of Health and Assistant School Medical Officers).

A new joint appointment was arranged half-way through the year in conjunction with the Urban District Council of Carlton, Dr. P.H. Deeny, an Assistant School Medical Officer, being given the post and taking up the duties from 1st July. The Officer’s time was equally shared between the Urban District Council and the County Council, thus causing a loss of half a Medical Officer’s time for six months of the year. This, of course, caused some reduction in the amount of School Medical work carried through in the latter half of the year.



In the North of the County, the existing joint appointment between the County Council and the Councils of the Borough and of the Rural District of Retford was extended on 1st January to include the Rural District of Worksop, the Medical Officer (Dr. J. M. H. Conway) giving up six sessions per month of his time for the County Council and devoting them to the Rural District Council.

This loss was made good to the School Medical Service by allocating part of the time of the new Woman Assistant County Medical Officer (for Maternity and Child Welfare) to School Medical work (seven sessions per month).

NUTRITION SURVEY. A special survey of all the children attending the Langold Schools was carried out at the request of the Managers 839 children were examined and the findings were in keeping with the results of Medical Inspection generally throughout the County. No evidence of deterioration from the usual standard was found.

SPECIAL SCHOOLS FOR MENTAL DEFECTIVES. In my last and several previous Reports I stressed the need for more special school accommodation in the County. It has now been decided to prepare plans for extensions of accommodation for both boys and girls.

SCHOOL POPULATION. The School Medical Service is now responsible for 53,896 children, of whom 49,664 are in average attendance at school. The number of schools at the end of the year was 337.

STAFF. The Staff for this work consists of :—

10 Medical Officers giving time equivalent to approximately 6 whole-time Officers.

11 Dental Officers, whole-time.

39 School Nurses, giving time equivalent to approximately 16 whole-time Nurses.

8 Dental Nurses, whole-time.

2 Dental Attendants, whole-time.

4 Clerks, whole-time.

(The School Medical Officer and the Chief Clerk are not included in this list).

The great majority of the members of the Nursing Staff are also engaged in work for Maternity and Child Welfare, Mental Deficiency and Tuberculosis, and all the Medical Officers also do a proportion of Maternity and Child Welfare work or Mental Deficiency work.

There is thus a large measure of co-ordination of supervision of the child from birth.

SUMMARY OF WORK DONE. The following principal statistics give a summary of the work done during the year.

No. medically inspected	32,034	} 49,469
No. medically re-inspected	...	...	...	17,435
No. dentally inspected	...	...	...	31,460
No. found to require Dental Treatment	...	...	...	25,574

No. actually treated	...	...	...	14,264	
No. of eye examinations	...	...	...	3,277	{ (including re-exams).
No. of spectacles supplied	...	...	...	1,841	
No. of attendances at School Clinics			...	47,307	
No. of attendances at Orthopaedic Clinics	...			7,984	
No. of operations for Chronic Tonsillitis and Adenoids	...	...	...	689	
No. of children recorded as malnourished	...			146	(of whom only 33 were recorded as requiring treatment).
No. of children recorded as having bad clothing				14	
No. of children recorded as having bad footwear				16	
No. of Hair Inspections	...	...	...	205,213	
Percentage of children found clean	...	...	...	95.75	
Home Visits	...	...	...	29,199	

INFECTIOUS DISEASE. This was less prevalent and was mild in its effect on school attendance ; in only 90 school weeks (compared with 174 in 1933) was the attendance reduced below 60%, affecting only 31 schools. Measles was the most prevalent and whooping cough was second in prevalence.

Influenza, which caused a fall in attendance below 60% for 46 school weeks in 1933, affected only one week in 1934. No school was closed during the year.

THE CONDITION OF NUTRITION OF THE CHILDREN. A careful sifting of the findings of Medical Inspection, checked by personal consultations with the Staff, shows that there is not yet any evidence of failing nutrition generally in the County, or even generally in specific limited districts. There are probably cases of hardship in which individual children's nutrition is affected by economic conditions and there are definitely, out of the total numbers inspected during the year (32,034), 146 children medically recorded as malnourished.

Routine Medical Inspection does not attempt to ascertain, nor would it be possible under present arrangements, the relationship, if any, between a finding of "malnutrition" and the economic circumstances of the home. "Malnutrition" does not necessarily, by any means, connote poor circumstances.

To check this remarkably low figure of 146 children recorded as malnourished, it is interesting and of value to scrutinise other findings.

Economic stress might be reflected in more Tuberculosis, more minor ailments and defects, more infectious disease, reduced average attendance, bad clothing and deficient footwear.

It is of some value, therefore, to find that there is support for the low findings for "malnutrition" in the records of these other conditions.

Thirty-two children were recorded as suffering from Pulmonary Tuberculosis, compared with 44 in 1933 ; and 118 as suspected Tuberculosis, compared with 201 in 1933.

Minor Ailments. The numbers found for the two years are as follows :—

				1933.	1934.
Skin Diseases	...	...	...	351	354
Eye Diseases	...	...	...	236	265
Enlarged Glands (non-tuberculous)	...	...	...	449	410
				<hr/> 1,036	<hr/> 1,029

Bronchitis was found in 822 cases in 1933 and in 842 cases in 1934.

Infectious Disease was very much less prevalent and more mild than in the preceding year.

The average attendance was 91%, compared with 89% in 1933, and the figures for bad clothing and footgear were lower than in 1933, and wholly insignificant compared with the number of children reviewed.

Generally these figures indicate that parents are maintaining their children at a creditable standard despite the stress of the times.

LEFT-HANDED CHILDREN. All left-handed children were again kept under observation at each Medical Inspection and a special report on the results of this work is included on page 39.

OPEN-AIR EDUCATION. In my last Report I emphasised the difficulty which exists in a County area in providing "open-air school" régime for children requiring it and suggested that the solution lay in providing a residential institution in the form of an "open-air hospital school," a combination of open-air school with facilities for residential *treatment*.

The number of children selected by the Medical Staff as requiring "open-air school" facilities has risen from 249 in 1933 to 272 in 1934.

It is often stated that school buildings of modern design are all "open-air schools." This, of course, is erroneous, as an "open-air school" is *not* so much the result of an architectural design as of a specially planned régime, and the mere provision of copious supplies of light and air, though excellent, does not meet the needs of this selected group of children.

Institutional provision of this type must, of course, be comparatively costly, but I hope that in due course the needs of these children may be met.

The remainder of this Report is prepared in the form suggested by the Circular issued by the Board of Education.

Many sub-headings appear twice on closely proximate pages giving an impression of repetition. This is due to the Board's Circular requiring the findings of Medical Inspection under each heading to be recorded in a sequence of paragraphs and thereafter in a further sequence the results of treatment under the same headings.

1. STAFF.

The following is a list of the personnel employed in the School Medical Service on 31st December, 1934 :—

County Medical Officer and School Medical Officer :—

A. Christopher Tibbits, M.R.C.S., L.R.C.P., D.P.H.

Second Assistant County Medical Officer, employed 25/44ths of his time for the School Medical Service :—

C. W. W. Jeremiah, M.R.C.S., L.R.C.P., D.P.H.

Woman Assistant County Medical Officer, employed 7/44ths of her time for the School Medical Service :—

Miss J. A. D. Maclean, M. D., Ch.B., B.A.O., D.P.H. Appointed 15th May, 1934.

Assistant School Medical Officers and District Medical Officers of Health :—

J. Ferguson, M.B., Ch.B., D.P.H. (Medical Officer of Health to Mansfield Woodhouse Urban District Council and the Huthwaite Urban District Council). (Employed 24/44ths for the School Medical Service).

J. M. H. Conway, D.S.O., L.R.C.P., F.R.C.S.I., D.P.H. (Medical Officer of Health to East Retford Borough and Rural District Councils of East Retford and Worksop). (Employed 12/44ths for the School Medical Service).

P. H. Deeny, M.B., B.Ch., B.A.O., D.P.H. (Medical Officer of Health to the Carlton Urban District Council from 1st July, 1934. (Employed half-time by the Education Committee, loaned for Maternity and Child Welfare Work one session per month, with salary adjustment).

Assistant School Medical Officers :—

Miss A. M. Ogilvie, M.A., M.B., Ch.B., D.P.H. (employed 24/44ths for the School Medical Service).

Miss J. M. Cummins, B.A., M.B., B.Ch., B.A.O., L.M., D.P.H. (employed 21/44ths for the School Medical Service).

Miss E. Douglas, M.B., Ch.B., D.P.H. (employed 26/44ths for the School Medical Service).

C. Ross, M.D., D.P.H. (whole-time Officer of the Education Committee, loaned for Maternity and Child Welfare Work two sessions per month, with salary adjustment).

M. Allan, M.B., Ch.B., D.P.H. (whole-time Assistant School Medical Officer, loaned for Maternity and Child Welfare Work one session per month, with salary adjustment).

School Dental Officers :—

D. E. Mason, L.D.S., Senior Dental Officer.
 B. B. Westlake, L.R.C.P., L.R.C.S., L.R.F.P.S., L.D.S.
 F. N. Harrison, L.D.S.
 R. R. Maclean, L.D.S.
 G. E. Morgan, L.D.S., H.D.D.
 K. G. Hyland, L.D.S.
 C. E. Fitton, L.D.S.
 A. T. Craig, L.D.S.
 R. P. Neilson, L.D.S. Appointed 12th February, 1934.
 D. V. Taylor, L.D.S. Appointed 2nd July, 1934.
 R. Walker, L.D.S. Appointed 2nd July, 1934.

Reference is made in the introductory statement to Doctor J. M. H. Conway's appointment to the additional office of Medical Officer of Health to the Rural District Council of Worksop, to Dr. P. H. Deeny's appointment as Medical Officer of Health to the Urban District Council of Carlton, and to Miss Maclean's appointment as Woman Assistant County Medical Officer devoting 7/44ths of her time to the School Medical Service.

Mr. A. G. Taylor, the Dental Officer for the Sutton-in-Ashfield district, left to take up a more responsible position on the 10th January, 1934, having given to the work much able and conscientious service.

The vacancy was filled by the appointment of Mr. R. P. Neilson on the 12th February, 1934.

On the 2nd July two additional Dental Officers, Mr. D. V. Taylor and Mr. R. Walker, were appointed.

Contrary to the established practice in this County, on representations from the Board of Education in the interests of economy, these Officers were not provided with fully-trained Nurses to assist them, but two Dental Attendants were appointed and the Education Committee have reluctantly agreed that as Dental Nurses' posts fall vacant they shall be filled by "Dental Attendants."

Miss E. E. Frame and Miss G. J. Taborn were appointed as the first Dental Attendants on the 25th June, 1934, and both have given excellent service.

Three Nurses, carrying out combined duties, resigned during the year ; Miss D. Hall to take up a more lucrative post and Miss Worthington and Miss Wilmot for family reasons.

They were replaced by Miss M. E. Reeve, Miss C. C. Kitchen and Mrs. G. C. Hartney.

The customary staff meetings were held regularly throughout the year.

NURSING STAFF.		District.	School Clinics.	Tuberculosis Dispensaries.	Maternity and Child Welfare Centres.	Ante-Natal Clinics.
<i>Superintendent Nurses :—</i>						
Miss Bennett, C.M.B., three years' Nursing Certificate, Health Visitor's Certificate, R.S.I., Superintendent of South-Western half of County	... ..	—	—	—	—	—
Mrs. Sleigh, C.M.B., three years' Nursing Certificate, Health Visitor's Certificate, R.S.I., Superintendent North-Eastern half of County	... ..	—	—	—	—	—
<i>Whole-time School Nurses :—</i>						
Miss Barker, three years' Nursing Certificate	... ..	11. Stapleford	Beeston	—	—	—
Miss Pearson, three years' Nursing Certificate, Certificate for School Nursing, Child Welfare and Tuberculosis Health Visiting	... ..	17. Hucknall Arnold	Hucknall Arnold	—	—	—
Miss Davies, three years' Nursing Certificate	... ..	16. Sutton-in-Ashfield	Sutton-in-Ashfield	—	—	—
Miss McHugh, C.M.B., three years' Nursing Certificate	... ..	15. Mansfield Woodhouse	Mansfield Woodhouse	—	—	—
Miss Moakes, C.M.B., four years' Nursing Certificate	... ..	15(a). Kirkby-in-Ashfield	Kirkby-in-Ashfield	—	—	—
<i>Nurses carrying out all duties under the combined Scheme :—</i>						
Mrs. Hartney, C.M.B., three years' Nursing Certificate, Health Visitor's Certificate R.S.I. Appointed 8th December 1934	... ..	6. Southwell	—	Newark	Southwell	Southwell
Miss Creasey, C.M.B., three years' Nursing Certificate	... ..	1. Misterton	—	—	Misterton	Misterton
Mrs. Atkinson, C.M.B., three years Nursing Certificate, Certificate for Sanitary Inspector, R.S.I.	... ..	8. Collingham	—	—	Balderton Collingham	Collingham
Miss Firth, C.M.B., three years' Nursing Certificate	... ..	5. Ollerton	—	—	Ollerton	Ollerton
Miss Reeve, C.M.B., three years' Nursing Certificate, Health Visitor's Certificate, R.S.I. Appointed 8th October, 1934	... ..	5(a). Edwinstowe	—	—	Edwinstowe Bilsthorpe	Edwinstowe
Miss Nicholas, C.M.B., three years' Nursing Certificate, Health Visitor's Certificate, R.S.I.	... ..	27. Langold	Workshop	—	Langold Harworth	Langold

NURSING STAFF.		District.	School Clinics.	Tuberculosis Dispensaries.	Maternity and Child Welfare Centres.	Ante-Natal Clinics.
Miss Pitcher, C.M.B., three years' Nursing Certificate, Health Visitor's Certificate, R.S.I. ... ..	...	9. Bingham	—	—	Bingham Langar Cotgrave E. Bridgford	Bingham Cotgrave Langar
Miss Reid, C.M.B., three years' Nursing Certificate, Certificate for Sanitary Inspector, R.S.I.	...	28. West Bridgford	—	—	West Bridgford	West Bridgford
Miss Taylor, C.M.B., three years' Nursing Certificate ... ..	...	10. Rud- dington	—	—	Ruddington Radcliffe-on- Trent	Ruddington Radcliffe-on- Trent
Miss Whitaker, C.M.B., three years' Nursing Certificate ... ..	...	2. Retford	—	Retford	South Leverton	South Leverton
Miss Kitchen, C.M.B., three years' Nursing Certificate, Health ... Visitor's Certificate, R.S.I. Appointed 1st October, 1934	...	4. Tuxford	—	—	Tuxford Sutton-on- Trent	Tuxford Sutton-on- Trent
Miss Warren, C.M.B., three years' Nursing Certificate, Health ... Visitor's Certificate, R.S.I. ... ..	...	20. Leake	—	—	Plumtree East Leake Gotham Ruddington	East Leake Gotham Plumtree
Miss Single, C.M.B., three years' Nursing Certificate, Health ... Visitor's Certificate, R.S.I.	...	21. Harworth	—	—	Harworth	Harworth
Miss Proedy, C.M.B., three years' Nursing Certificate, Health ... Visitor's Certificate, R.S.I. ... ..	...	7. Newark	Balderton	—	Balderton Flintham	Balderton Flintham
Miss Halliday, C.M.B., three years' Nursing Certificate, Health ... Visitor's Certificate, R.S.I. ... ..	...	19. Lowdham	—	Nottingham	Lowdham	Lowdham
Miss Bragg, C.M.B., three years' Nursing Certificate, Health ... Visitor's Certificate, R.S.I. ... ..	...	29. Bilsthorpe	—	—	Bilsthorpe Edwinstowe Ollerton	Bilsthorpe
<i>Nurses carrying out duties in connection with School Medical Service and Maternity and Child Welfare :—</i>						
Miss Adkin, C.M.B., three years' Nursing Certificate ... ..	...	24. Huthwaite	—	Mansfield	Newstead Huthwaite	Huthwaite
Miss Raithby, C.M.B., three years' Nursing Certificate, Health ... Visitor's Certificate, R.S.I. ... ..	...	25. Blidworth	—	—	Blidworth Rainworth	Blidworth

NURSING STAFF.		District.	School Clinics.	Tuberculosis Dispensaries.	Maternity and Child Welfare Centres.	Ante-Natal Clinics.
Mrs. Bratley, C.M.B., three years' Nursing Certificate, Health Visitor's Certificate, R.S.I.	12. Kimberley	—	—	—	Kimberley	Kimberley
Miss M. Hall, C.M.B., three years' Nursing Certificate	13. Carlton	Carlton	Carlton	—	Carlton	Carlton
Miss Moore, C.M.B., three years' Nursing Certificate	13. Carlton	Carlton	Carlton	—	Carlton	Carlton
Mrs. Brown, C.M.B., three years' Nursing Certificate, Health Visitor's Certificate, R.S.I.	23(a). Stanton Hill	—	—	—	Huthwaite Stanton Hill	Stanton Hill
Miss McCarthy, C.M.B., three years' Nursing Certificate, Health Visitor's Certificate, R.S.I.	23. Skegby	Sutton-in-Ashfield	—	—	Stanton Hill Skegby Blidworth	—
Miss Hooper, C.M.B., three years' Nursing Certificate, Health Visitor's Certificate, R.S.I.	26. Newstead	Hucknall	—	—	Bestwood Newstead	Bestwood Newstead
Miss Oliver, C.M.B., three years' Nursing Certificate, Health Visitor's Certificate, R.S.I.	18. Eastwood	Eastwood	—	—	Eastwood	Eastwood
Miss Johnston, C.M.B., three years' Nursing Certificate, Health Visitor's Certificate, R.S.I.	14(a). Brinsley	Eastwood Hucknall	—	—	Beauvale Eastwood	—
Miss Winfield, C.M.B., three years' Nursing Certificate, Health Visitor's Certificate, R.S.I.	13. Carlton	—	—	—	Carlton West Bridgford	Carlton
Miss Smithurst, C.M.B., three years' Nursing Certificate	22. Clipstone	Clipstone	—	—	Clipstone	Clipstone
Miss F. A. Jones, C.M.B., three years' Nursing Certificate, Health Visitor's Certificate, R.S.I.	14. Selston	Selston	—	—	Selston	Selston
Miss E. M. Jones, C.M.B., three years' Nursing Certificate, Health Visitor's Certificate, R.S.I.	13. Carlton	—	—	—	Carlton	Carlton
Miss H. Jones, C.M.B., three years' Nursing Certificate, Health Visitor's Certificate, R.S.I.	18(a). Greasley	Eastwood	—	—	Beauvale Kimberley Selston	—
Miss Schofield, C.M.B., three years' Nursing Certificate, Health Visitor's Certificate, R.S.I.	11. Stapleford	Stapleford Beeston	—	—	Stapleford	—

NURSING STAFF.				District.	School Clinics.	Tuberculosis Dispensaries.	Maternity and Child Welfare Centres.	Ante-Natal Clinics.
<i>Nurses carrying out duties in connection with Tuberculosis Visiting and School Medical Service :—</i>								
Miss M. J. Jones, C.M.B., four years' Nursing Certificate ...				3. Workshop	Workshop	Workshop	—	—
<i>Dental Nurses :—</i>								
Miss Harding, three years' Nursing Certificate ...				South Notts.	—	—	—	—
Miss Cordon do. ...				Mansfield Woodhouse	—	—	—	—
Miss Stokes do. ...				Hucknall	—	—	—	—
Miss Waterland, C.M.B., do. ...				Workshop	—	—	—	—
Miss Spinks, C.M.B. do. ...				Sutton-in-Ashfield	—	—	—	—
Miss Grocock, C.M.B. do. ...				Newark	—	—	—	—
Miss Parbery do. ...				Beeston	—	—	—	—
Miss Malson, C.M.B. do. ...				Retford	—	—	—	—
<i>Dental Attendants :—</i>								
Miss Frame ...				Kirkby-in-Ashfield	—	—	—	—
Miss Taborn ...				Carlton	—	—	—	—
<i>Clerks :—</i>								
Mr. W. L. Richardson, Certificate R. San. I., Chief Clerk of the Public Health Department ...				—	—	—	—	—
Miss L. Page, Senior Clerk ...				—	—	—	—	—
Miss Burke ...				—	—	—	—	—
Mr. H. R. Bagguley ...				—	—	—	—	—
Mrs. Smallman ...				—	—	—	—	—

2. CO-ORDINATION.

The scheme of co-ordination which links up the various Health Services in the County Administration has been fully described in previous Reports.

3. SCHOOL MEDICAL SERVICE IN RELATION TO THE PUBLIC ELEMENTARY SCHOOLS.

(a) SCHOOL HYGIENE. I have repeatedly stressed the need for "Health Education" for the children attending Elementary Schools and pointed out that the main lessons should be learned from example and practice in the daily routine of school life.

I have advised that some small fraction of time should be found on the "time-table" for this subject, as its complete omission from the recognised forms of instruction must tend to minimise its importance to Teachers and pupils alike.

The continued relegation of "Health Instruction" to the rank of a voluntary subject to be assessed as to importance according to the outlook of individual Teachers renders the question of school hygiene the more important.

If the child is brought up through its years of school life in conditions and habits of visibly and palpably sound hygiene ; cleanliness, ample ventilation, good light, well-designed furniture, adequate ablution facilities ; the use of clean towels and soaps ; modern sanitary accommodation ; well-kept school gardens ; and acquires a pride in the whole, a valuable lesson has been taught, with no tax upon the overburdened time-table.

The converse is obviously equally true.

I am glad, therefore, to record that each year some progress is made in improving the older schools, though the process is slow, and unless there is acceleration it will be a long time before all schools have been brought up to a fit standard by improvement or replacement.

The Director of Education has informed me that during 1934 the following improvements have been made.

IMPROVEMENTS IN COUNCIL SCHOOLS, 1934.

Electric Light installed	...	...	...	—	19
Additional Out-offices erected	...	...	...	—	3
Additional Cloakroom Accommodation	...	...	...	—	2
Folding Partitions erected	...	...	...	—	2
Heating Improvements	...	...	...	—	4
Lighting and Ventilation improvements	...	...	...	—	2
Conversion of Automatic Flushing Closets into					
Single Flushing Closets	...	...	...	—	1
Additional Tarpaving in Playgrounds	...	...	...	—	8
Central Hall provided	...	...	...	—	1
Old Desks replaced by Locker Desks or Chairs and					
Tables	...	...	...	—	29

IMPROVEMENTS IN VOLUNTARY SCHOOLS, 1934.

Electric Light installed	...	...	...	...	...	14
Water Supply installed	...	...	...	...	...	2
Folding Partitions erected	...	...	...	...	...	2
Heating Improvements	...	...	...	...	...	2
Playgrounds Tarpaved	...	...	...	...	...	3
Pit Closets converted to Tub Closets	...	...	...	...	...	1
Lighting and Ventilation improvements	...	...	...	...	...	1
Old Desks replaced by Locker Desks or Chairs and Tables	...	...	...	...	...	25

The Medical Staff have continued to inspect all school premises visited and are required to submit a return in respect of each inspection made. In thirty-five such returns deficiencies were recorded of such a nature as to warrant a formal report to the Director of Education.

For some years these inspections have been carried out to a reduced standard and only urgent remediable matters have been formally reported owing to the impracticability of securing considerable expenditure.

The time, I think, is ripe for another strict survey of the position, and I have no doubt that this will reveal a considerable bulk of deficiencies still unremedied.

Piped water supplies are, fortunately, stretching out steadily into rural areas, but it is not unknown for Managers to decline to install the water in their schools even with the pipe line at their school gates.

It is quite intolerable that children should be denied this fundamental need of safe and suitable water when it is readily accessible.

The extension of rural water supplies will not allow of any general immediate provision of water closets in rural schools, as in so many small villages there is not a system of sewerage and sewage disposal adequate to receive the accession of sewage resulting from conversions, and cesspits for this purpose are an abomination.

As an unavoidable alternative a properly cared for conservancy system of pail closets need not be objectionable and their proper maintenance may be a valuable object lesson to many rural children who for many years to come will have the same system in their homes.

(b) ORGANISATION OF SCHOOL DINNERS. The following report by the Organisers of Domestic Instruction has been received from the Director of Education.

“There are now approximately 160 schools in the County where arrangements have been made for the children who live a long distance from the school to have their meal comfortably and decently.

The conditions prevailing in the schools vary owing to the local conditions, number of children staying for the meal and the accommodation available.

In 78 schools where a large number stay for dinner, a caretaker is paid to prepare the room, warm food (if possible), make hot drinks if they are required, and to do the tidying and washing-up after the meal. In these schools the caretaker is responsible for the supervision during the meal.

In small schools where only a few children stay, the duties are undertaken by the children themselves under supervision of the Head Teacher or one of the Staff.

A school dining room is included in the plans of schools being built, where such a room is deemed necessary. This room includes a kitchen range for the warming of food and drinks, and also a sink for washing-up the crockery. Tables and chairs are also provided for the children's use.

The provision of table or desk covers and the necessary utensils for making hot drinks is being continued, and some cups and plates are provided.

Many schools have organised the supply of milk or cocoa and the children may obtain a hot drink on payment of a halfpenny a day or twopence a week. The scheme has to be entirely self-supporting.

No food or drinks are provided by the Committee. The children in many cases, especially in the mining areas, have the chief meal of the day immediately on their return from afternoon school, and so are only provided with a light meal to take to school."

4. MEDICAL INSPECTION.

The schedule of inspection and the age groups selected for inspection remain unchanged.

Routine inspection was carried out in the following groups :—

- (a) "Entrants" to school, as soon as possible in the twelve months following their first admission to a Public Elementary School.
- (b) "Intermediates," as soon as possible in the twelve months following their attaining the age of eight years.
- (c) "Leavers," as soon as possible in the twelve months following their attaining the age of twelve years.

In addition many children were examined by special request at ages not falling in these groups on account of defects noted or suspected by parents, Teachers or Attendance Officers. These cases were grouped as "Specials." All children in whom any defect was ascertained were noted for re-examination at the next Medical Inspection.

Owing to the Staff changes indicated earlier, and to the time occupied in the Special "Nutrition Survey" of the Langold Schools, it was not possible to visit 50 small schools before the end of the year, and inspection of approximately 3,000 children was then not completed.

Out of a total of 26,157 children examined at the schools, 10,878 were "special" cases.

The total of children examined represents 52% of the total of children in average attendance.

A very slight increase has occurred this year in the number of cases found to be suffering from defects severe enough to require treatment; 22%, as compared with 20.48 in 1933.

5. FINDINGS OF MEDICAL INSPECTION.

Review of the facts disclosed.

(a) **UNCLEANLINESS.** The general standard of cleanliness of the children was good, only 41 cases of body uncleanness being recorded during the year. There are still found individual children who are dirty, unkempt and flea-bitten, but their number is very small.

Only 4.25% (7.5% of girls and 1.1% of boys) of all children examined at hair inspections were found with "nits," mostly very few in number, compared with 4.5% in 1933, 50% twenty years ago and 66% during the first year of Medical Inspection in 1908.

The number of hair inspections has increased to a total of 205,213, being 10,098 more than for the preceding year.

At 334 inspections, affecting 118 schools, all children were found to be clean. The comparable figures were 342 and 120 respectively in 1933.

Generally speaking the condition of the children's clothing and footwear was found to be satisfactory. In fourteen cases the clothing was reported by the Medical Officers as being unsatisfactory, and in sixteen cases the footwear; still lower figures than found in 1933.

(b) **MINOR AILMENTS.** The number of defects of this type found has been diminishing in the past few years and in 1934 there was no total increase, though there was some variation of incidence in the several ailments recorded under this head.

(c) **CHRONIC TONSILLITIS AND ADENOIDS.** The number of these conditions found was again reduced considerably:—3,597, compared with 4,026 in 1933 and 4,740 in 1932.

The number considered to require operation was also reduced to 1,075, compared with 1,225 in 1933; 13% of all children examined at routine Medical Inspections, compared with 15% in 1933, were found to be suffering from these defects.

(*d*) TUBERCULOSIS. The number of children recorded during the year as suffering from Pulmonary Tuberculosis was 39, compared with 44 in 1933 ; 118 children were found with suspicious signs of this disease, as compared with 201 in the previous year ; 112 cases of Non-Pulmonary Tuberculosis were recorded, 117 in 1933. In 77 of these the cervical glands were involved. The percentage found to be suffering from Pulmonary Tuberculosis was 0.14, compared with 0.17 in 1933. The findings under this heading have been steadily diminishing for several years.

The total number of children known under the Tuberculosis Scheme to be suffering from active Pulmonary Tuberculosis in the area of the County Education Authority is only 53.

(*e*) SKIN DISEASES. The number of cases of skin disease remained low and these conditions are much less prevalent than used to be the case.

(*j*) EXTERNAL EYE DISEASE. The incidence of Blepharitis (inflammation of the eyelids) was slightly increased, 234 cases being recorded, compared with 202 in 1933.

(*g*) DEFECTIVE VISION. Defective vision was found in 4,150 cases, and in addition 759 children were found suffering from squint. These figures both show increases, possibly due to better ascertainment in the first year of school life by means of routine eyesight testing with special charts : 2,368 cases were referred for refraction.

(*h*) EAR DISEASE AND HEARING. Two hundred and thirty-nine children were found with defective hearing out of a total of 26,157 examined, compared with 176 in 1933, out of a total of 25,685.

(*i*) DENTAL DEFECTS. Eight thousand seven hundred and sixty children examined at Medical Inspection were noted with dental defects, representing 33% of the total. Only those children with severe dental disease were recorded. Full details of dental inspection and treatment are given in a separate section of this Report.

(*j*) CRIPPLING DEFECTS. Children suffering from the effects of Non-Pulmonary Tuberculosis, Rickets and nervous diseases are included under this heading : 1,093 were found with deformities due to the above-named causes and 560 of these were found to require treatment. Many defects were not sufficiently severe to require that the cases should be added to the "cripples register."

The names of 586 children appeared on the "cripples register" at the end of the year, of whom 562 were attending Orthopaedic Clinics. Ninety-five per cent of the registered cases were under treatment at Clinics at the end of the year, compared with 94% in 1933.

(*k*) HEART DISEASE AND RHEUMATISM. In 960 cases there was found evidence of abnormality of the heart; in 498 cases due to organic disease and in 462 functional in character : 155 of the cases of organic disease were found to require treatment and twelve of the functional cases. In 27 cases the disease was such that the Medical Officers considered the children required education in Special Schools.

The number of children's names now on the Rheumatism register is 232, the majority being slight cases which are registered for the purpose of securing supervision and do not require active medical treatment. Special care is taken in advising the Teachers upon the care of children suffering from Heart Disease or Rheumatism, and instructions are given as to regulation or modification of physical exercise and games. Cases requiring active medical treatment are referred to Private Practitioners or hospitals.

6. INFECTIOUS DISEASE.

During the year cases of infectious disease arose in 207 school departments, but the attendance fell below 60% in only 31 of these, as compared with 82 in 1933. No school was closed during the year.

The School attendance fell below 60% on account of infectious disease during 90 school weeks, compared with 174 in 1933.

The responsible diseases and the number of school weeks respectively affected are set out in the table below :—

DISEASE.									WEEKS
Measles	...	...	...	...	...	...	...	...	30
Whooping Cough	...	...	...	...	...	...	...	...	16
Chicken Pox	...	...	...	...	...	...	...	...	12
Coughs and Colds	...	...	...	...	...	...	...	...	4
Chicken Pox, Measles and Mumps	...	...	...	...	...	...	...	...	4
Measles and Colds	...	...	...	...	...	...	...	...	5
Influenza	...	...	...	...	...	...	...	...	1
Measles, Whooping Cough, Chicken Pox and Scarlet Fever	...	...	...	...	...	...	...	...	3
Chicken Pox and Whooping Cough	...	...	...	...	...	...	...	...	2
Scarlet Fever	...	...	...	...	...	...	...	...	7
Measles and Whooping Cough	...	...	...	...	...	...	...	...	6
									90

The School Nurses made 1,304 special visits to schools and paid 2,673 home visits in connection with infectious diseases.

7. FOLLOWING-UP.

Systematic "following-up" is carried out by the School Nurses of all children in whom the Medical Officer finds any condition which requires the co-operation of parents or its remedying.

Even when the mother has been present at the Medical Inspection, she is visited later by the Nurse in order to ensure her being properly informed and in order to help her to take such steps as may be necessary for the child's welfare.

Following-up involves much more than the mere giving of expert advice and then leaving the mother to act upon it as best she may.

Advice on health matters is usually readily accepted to-day and the really difficult and unreasoning type of opposition to advice is less frequently encountered. But in many home circumstances the acceptance of the advice is the easiest matter and all sorts of difficulties surround its being put into effect.

The School Nurse, acting now in a non-specialist capacity, has to overcome these, whether by obtaining assistance towards the cost of treatment, facilities for travelling to hospital, making arrangements for the care of a young family in the mother's absence, or in a hundred and one other ways smoothing out minor obstructions.

To secure remedy of the defects found at Medical Inspection is obviously of primary importance, and the work of the School Nurses, quietly, persistently and humanely carried out, in a large proportion of cases gives that return in improved conditions of health which the work of the Medical Officers alone cannot secure.

Twenty nine thousand one hundred and ninety-nine such home visits were made during the year, exclusive of visits specially paid on account of infectious disease.

8. MEDICAL TREATMENT.

(a) MINOR AILMENTS. The treatment of minor ailments is necessarily largely dependent upon the provision of special local facilities—School Clinics.

In the absence of School Clinics, minor ailments, it is feared, go largely untreated. Systematically such cases are referred to their private Medical Practitioners, but it is known that many fail to attend, mainly on account of the cost and the apparent unimportance of the condition.

The extension of School Clinics, which the Education Committee propose steadily to pursue, is, therefore, of very practical significance.

There are now fourteen Clinics in the County, mainly situated in urban areas, two additional Clinics having been opened during the year at Warsop and Selston.

It is hoped to open four more School Clinics during the financial year 1935-36.

The following tables show the location of the School Clinics in the County Education area and the number of children attending each.

Situation of Clinic.	Days upon which Clinic is open.	Times of Sessions.	Days upon which a Medical Officer is in attendance.
CARLTON, 576 Main Street.	Mondays and Thursdays	9.30 to 12 noon	Thursdays
SUTTON-IN-ASHFIELD, Lawn House, Station Road.	Mondays, Wednesdays and Fridays	9.30 to 12 noon	Fridays
Ionisation Clinic	Fridays	2 p.m. to 4 p.m.	Fridays
WORKSOP, Urban Dis- trict Council Offices, Carlton Road.	Tuesdays	9.30 to 12 noon	Tuesdays
HUCKNALL, Cahn Orth- opaedic Clinic, Derbyshire Lane.	Tuesdays and Fridays	9.30 to 12 noon	Fridays
MANSFIELD WOODHOUSE, Public Health Offices, Park Road.	Tuesdays and Fridays	9.30 to 12 noon	Fridays
CLIPSTONE, Hut No. 20, School Clinic.	Tuesdays and Fridays	9.30 to 12 noon	Fridays
STAPLEFORD Pinfold Lane.	Tuesdays and Fridays	9.30 to 12 noon	Tuesdays
EASTWOOD Council School, Devonshire Drive	Tuesdays and Fridays	2 p.m. to 4 p.m.	Tuesdays
KIRBY-IN-ASHFIELD, Urban Road.	Tuesdays and Fridays	9.30 to 12 noon 2 p.m. to 4 p.m.	Fridays
BEESTON, Dovecote Lane.	Mondays and Thursdays	9.30 to 12 noon	Thursdays
ARNOLD, Arnot Hill House.	Mondays and Thursdays	9.30 to 12 noon	Mondays
BALDERTON, Bullpit Lane, Old Balderton.	Mondays and Thursdays	9.30 to 12 noon	Mondays
WARSOP, Maternity & Child Welfare Centre	Mondays and Thursdays	9.30 to 12 noon	Thursdays
SELSTON, Congrega- tional Chapel.	Mondays and Wednesdays	9.30 to 12 noon	Wednes- days

The number of children dealt with and the number of attendances at each Clinic in the year under review and the year 1933 were as follows :—

			Number of Children.		Total Attendances.	
			1933.	1934.	1933.	1934.
Carlton	...	...	771	876	2,558	3,788
Sutton-in-Ashfield	...	...	1,001	1,047	5,108	5,078
Worksop	...	...	834	845	1,874	2,021
Hucknall	...	...	1,312	1,397	8,211	7,059
Mansfield Woodhouse			629	520	4,811	4,351
Clipstone	...	...	305	260	2,512	1,950
Stapleford	...	...	676	671	4,836	3,606
Eastwood	...	...	654	425	4,328	4,003
Kirkby-in-Ashfield	...	...	678	716	4,170	3,734
Beeston	...	...	615	727	4,185	3,633
Arnold	...	...	836	879	5,889	5,179
Balderton	...	...	164	147	882	672
Warsop	...	...	—	178	—	1,261
Selston	...	...	—	202	—	972
			8,475	8,890	49,364	47,307

At each School Clinic cod liver oil, cod liver oil and malt, and cod liver oil emulsion can be purchased by parents at cost price.

X-RAY TREATMENT OF RINGWORM. Eleven cases of ring-worm of the scalp were referred for X-ray treatment, and all received treatment under the arrangements at the City Central School Clinic.

(b) CHRONIC TONSILLITIS AND ADENOIDS. Three thousand five hundred and ninety-seven children were found at Medical Inspections to be suffering from chronic tonsillitis and adenoids, and 1,003 were referred for operation compared with 1,121 in 1933. The operation was performed in 689 instances, compared with 833 in 1933, of which number 664 were treated under the County Scheme. Free treatment or treatment at a reduced fee was authorised by the Committee in 248 cases, and travelling expenses were paid in 51 instances.

(c) TUBERCULOSIS. Attendances made by County School children at the Tuberculosis Dispensaries numbered 1,729 and 88 children were treated as in-patients at the Ransom Sanatorium, 11 at the Gringley Hospital, and 7 at the Orthopaedic Hospital at Harlow Wood.

(d) DEFECTIVE VISION. Two thousand three hundred and sixty-eight elementary school children were found at Medical Inspections suffering from defective vision sufficiently severe to require examination by refraction, and 1,874 actually submitted themselves for such examination. Two thousand eight hundred and fifty-nine examinations were carried out during the year for elementary school children, including cases referred from School Clinics and those requiring retesting. Three hundred and eight secondary pupils and intending teacher candidates were examined, as compared with 223 in 1933. One hundred and ten pre-school children were also examined compared with 124 in 1933, giving a grand total of 3,277 examinations carried out, compared with 3,334 in 1933. Eighty-one children were treated by Private Practitioners. Spectacles were ordered for 2,004 elementary school children, being 70% of those examined; in 1,648 cases (82%) spectacles were obtained. A total of 1,841 pairs of spectacles were supplied during the year, and 346 pairs were repaired.

As usual the spectacles were immediately supplied on receipt of a signed undertaking from the parent to pay their cost after receipt, by instalments if so desired.

Messrs Rowley & Co., the Opticians, have maintained their standard of service in a satisfactory manner.

Thanks are again extended to the Head Teachers for the interest they have taken in securing that spectacles are worn according to instructions, and for their help in the collection of repayment instalments.

Throughout the year all entrants have been subjected to eye tests by means of picture charts.

In the majority of cases the Medical Officers have been able to record a result on the Medical Inspection Schedule.

(e) EAR DISEASE AND HEARING. During the year 908 children were treated for these defects, of whom 816 were treated at School Clinics.

Treatment of "discharging ears" by "ionisation" was continued with success in selected cases and the efficacy of the flavine and glycerine method was further substantiated. This method is in use in every School Clinic in the County.

(f) **THE DENTAL TREATMENT SCHEME.**

It has been possible this year to re-establish the Dental Scheme on a sound basis by the appointment of two additional Dental Officers and Attendants.

"Depression" has for two years modified the Committee's plan of systematic maintenance of a Dental Staff adequate to the needs of an expanding Service.

The result was, inevitably, an overloading of existing Dental Staff with consequential retardation of the circuits.

Temporarily the desideratum of "annual *adequate* inspection and treatment of all elementary school children desirous of receiving it" has been re-established.

The Scheme still does not embrace all the children in the schools and as these laggards come forward there will again arise the necessity for further Staff to deal with them, though the amount of such Staff requirements will be modified by the progressively improved dental condition of the children within the Scheme, for whom a reducing quantity of work will be required (subject, of course, to a certain minimum and to maintenance of annual treatment).

A new departure during the year was the appointment, at the requirement of the Board of Education, of two Dental Attendants instead of fully-trained Nurses.

The approval of the desired increase of the Staff of Dental Officers by two was made contingent upon the Education Committee agreeing to depart from their previous policy of employing only fully-trained Nurses to assist the Dental Officers.

The Education Committee agreed somewhat reluctantly, but, considering that the strengthening of the Dental Staff could not be deferred, they accepted the compromise.

In accepting they also established a permanent change of policy, for it was also required by the Board that future vacancies among the Dental Nursing Staff should be filled by the appointment of Dental Attendants.

Whilst I did not favour the change, it is only fair to state that so far the work of the Dental Attendants has been very satisfactory and no difficulties have yet arisen.

In an interesting report which follows, Mr. Mason the Senior Dental Officer, deals with the detail of the year's work.

REPORT OF THE SENIOR DENTAL OFFICER.

D. E. Mason, L.D.S.

“During the years 1932 and 1933 many additional children were automatically included within the Dental Scheme without a corresponding Dental Staff increase, and it was therefore not surprising to find that at the beginning of 1934 the dental circuits were occupying about eighteen months instead of the desirable twelve months. The appointment of two additional Officers, however, has enabled the County to be divided into ten instead of eight Dental Districts, and has thereby afforded to each individual Dental Officer a degree of relief which is likely to result in the establishment of annual Circuits—provided that the percentage of children accepting treatment does not increase.

The Administration of the Scheme remained the same as in previous years. Each Dental Officer has the assistance of a full-time Nurse (or Attendant) and he is made responsible for all the schools within a defined district. He visits the schools for Dental Inspection purposes in a pre-arranged order and, emergencies excepted, he completes the treatment of children attending one school before commencing treatment at another. Each child commencing a course of treatment must pay in advance a fee of one shilling unless the Head Teacher is prepared to recommend the case for free treatment.

The Scheme provides for the Dental Officers to carry out the following branches of dental work :—extractions of unsaveable permanent and temporary teeth under local anaesthesia or general anaesthesia, restoration of decayed teeth by the insertion of suitable fillings, the insertion (subject to official approval of each individual case) of dentures where desirable ; the correction (subject to official approval of each individual case) of disfiguring irregularities of the teeth by suitable appliances ; the treatment of inflammatory conditions of the soft tissues surrounding the teeth.

A very useful additional service introduced during the early part of the year was a Dental X-ray Service. It is some times quite impossible for a Dental Surgeon to determine from an ordinary clinical examination whether certain unerupted teeth are present or absent. An X-ray photograph, however, conveys quite clearly if such teeth are present, and it also conveys their position and the state of the tissues round them. Because of the unquestionable value of such photographs, arrangements were entered into with five 'Centres' within the County, and geographically these Centres are so placed that a child from any part of the County can conveniently reach one of them. The Centres consist of either a Hospital, or a private Medical or Dental Practitioner with an X-ray outfit. No additional charge is made to the parent for this work.

A pump chair was installed in the permanent Clinic at Sutton-in-Ashfield, similar to the one which was installed at Kirkby-in-Ashfield Clinic in 1933. These chairs add considerably to the comfort of the patient and to the efficiency of the operator, and it is hoped that in the near future they will be installed in each Dental Clinic where the surrounding population is numerically sufficient to justify such a procedure.

The Trailer Dental Van which is used in the most rural part of the County was in use throughout the year. This mobile Clinic has now completed four years' continuous service and has proved and is still proving a hygienic and an economic success.

Except for the district served by the Dental Van, and also for the thickly-populated urbanised districts which are served by permanent Clinics, the problem of finding suitable dental treatment premises is still a difficult one to overcome. Use has to be made of Church or Chapel Halls, Institutes, Sunday Schools, Parish Rooms, etc., and it is by no means uncommon for these premises to be without an internal water supply. Treatment if carried out in a school class-room during the time a school is in session must inevitably cause disorganisation, and because of this the procedure is only adopted when no other room in the village is available—unless of course an unused detached room provided for medical and dental purposes is available.

Every effort is made in the administration of the Scheme to enable the children in the rural districts to participate in precisely the same privileges as those living in the urban areas, although such a procedure is not always easy. Gas sessions (either whole or part) are held if necessary in any village, no matter how small; the practice of attending to only one school at a time and not allocating any defined period of time for any particular school enables an Officer to give complete individual treatment regardless of the size or position of the school. The X-ray service is available for big or little schools, although if any treatment is necessary as a result of the X-ray it may be necessary for the child to visit an adjacent village to which the Dental Officer has moved in the meantime. Dentures

and orthodontic appliances, however, do constitute an economic problem in small rural schools, but fortunately the need for these is very small and the Dental Officers are therefore able to work the necessary appointment in without making any material inroads on their more routine duties.

The 'Casual' problem is not one which causes any apprehension, and it certainly does not cause any undue interference with routine work.

Treatment is given by appointments which are made by the Dental Officer, and quite obviously an Officer who has carefully arranged a full sessions work cannot carry out the whole of this work if he is expected to treat in addition an unexpected batch of casuals. Children without appointments do of course attend the various Dental Treatment Centres, and those children are dealt with according to their needs. Five hundred and sixty-nine such cases were dealt with and this averages less than two casual cases per Officer per week.

The monthly meetings of the Dental Staff were continued throughout the year, and as a result of suggestions made at one of these meetings a new 'Weekly Return Form' was drafted with a view to recording more accurately that form of treatment briefly called 'other operations.' This new form, which divides other operations into ten headings, was put into use on the 1st July, and although there was no change in policy it is interesting to state that the number of recorded 'other operations' jumped from 1,364 in the first six months to 10,925 in the second six months. The figures from the 1st July are shown under their appropriate headings in the following table.

OTHER OPERATIONS.

(a)	Silver Nitrate (Perm : Teeth).	...	...	...	2,186
(b)	Silver Nitrate (Temp : Teeth).	...	...	...	321
(c)	Teeth Trimmed	...	...	...	69
(d)	Teeth Crowned	...	...	...	1
(e)	Cavities Lined before Filling	...	...	...	8,255
(f)	Prophylactic Cleaning	...	...	...	706
(g)	Impressions Taken	...	...	...	20
(h)	Appliances Fitted	...	...	...	8
(i)	Appliances Adjusted	...	...	...	5
(j)	Active Treatment and/or Dressings for inflammatory conditions of Dental Tissues.	...	...	...	718

Thirty one thousand four hundred and sixty children were inspected, of whom 25,574 were referred for treatment and 14,264 were actually treated by the Dental Officers. All children who were referred for treatment and who did not receive the necessary treatment from the School Dental Officers are for the purpose of this Report classed as 'refusals.' Refusals, therefore, include children who were treated privately, children who were absent at the time treatment was given, and children who were not eligible for treatment because their fee had not been paid in advance.

Three hundred and seventy-eight half-days were spent on Inspection in the Schools and 3,693 half-days on treatment in the various Centres, and it may therefore be said that a half-day inspection produced on an average ten half-days of treatment work.

Twenty four thousand one hundred and ninety fillings were inserted, 23,877 in permanent teeth and 313 in temporary teeth : 24,977 temporary teeth and 3,969 permanent teeth were extracted. A general anaesthetic (Nitrous Oxide) was given to 942 children, and 13,070 had their treatment (fillings or extractions) carried out under an injection of local anaesthetics. As in previous years, considerable use was made of regional local anaesthesia.

'Other Operations' which have been recorded total 12,289 and the analysis of these operations has already been given.

The foregoing statistics include the work which was done by the School Dental Officers for 'Intending Teacher Candidates.' All such candidates are inspected by the School Dental Officers and those found to need treatment are under obligation to have such treatment carried out—but not necessarily by a School Dental Officer. The statistics relating to this particular branch of the Scheme are as follows :—

Number Inspected	...	...	...	...	...	250
Number Referred	...	...	...	...	...	224
Number Treated	(a)	By School Dental Officers				129
	(b)	Through other sources	...			95

The following table relates only to those candidates treated by the School Dental Officers :—

Sessions spent on treatment	...	...	...	...	68
Permanent teeth extracted	...	...	...	...	37
" " filled	...	...	...	...	493
Temporary teeth extracted	...	...	...	...	8
Local Anaesthetics	...	...	...	...	51
Other Operations	...	...	...	...	92

(g) CRIPPLING DEFECTS. All orthopaedic treatment of an operative nature under the County Scheme is carried out at Harlow Wood Hospital. Other treatment and supervision under the Scheme are provided at the following six Orthopaedic Clinics, at which the Surgeon attends on the days and at the times stated.

HUCKNALL, Derbyshire Lane	Second Tuesday in the month	2 p.m.
LOUGHBOROUGH, Packe St.	Third Tuesday	2 p.m.
MANSFIELD, General Hospital	Every Friday	9 a.m.
NEWARK, Middlegate	Fourth Wednesday	2 p.m.
NOTTINGHAM, Park Row	Every Monday	2 p.m.
WORKSOP, Council Offices, Carlton Road	Second Tuesday	2 p.m.

During the year 35 children were treated as in-patients at the Hospital. Five hundred and fifty-eight children received treatment at the Orthopaedic Clinics, their attendances reaching a total of 7,984. The corresponding out-patient figures for last year were 575 and 8,586.

Surgical appliances and travelling expenses were provided at a cost of £102 11s. 4d.

The waiting list of cases suitable for admission to the Harlow Wood Hospital contained 21 names at the end of the year.

The failure to reduce this list was disappointing, as it had been hoped to reduce it to current cases on the assumption that the average rate of admission and discharge would be maintained during the year.

Unfortunately the "turnover" was very much slowed down owing to an unexpectedly high proportion of the cases proving to require such prolonged treatment, and the large sum of money provided in the estimates was expended in providing long-stay treatment for the few instead of average-stay treatment for the number waiting.

Since the Scheme started, 263 school child cripples have received in-patient treatment and the current waiting list of 21 confirms other evidences that much crippling which used to occur is being prevented.

During the year information was obtained, through the courtesy of the respective County Medical Officers, of the working of orthopaedic schemes in certain other comparable Counties.

The result of this showed that in this County we were working on comparable lines and at a cost not greater than the average.

Whilst our percentage recovery of cost from parents was slightly better than average, the amount recovered when compared with the amount assessed to be paid was much below average.

In other words, other Committees were requiring the parents to make a much smaller contribution and had a good recovery figure on that contribution, whereas we were assessing our parents for much larger sums and only succeeding in obtaining a very slightly better actual recovery figure.

As many of our parents were heavily in arrears of payment, and yet our recovery figure was slightly better than the average of the other Counties, the Committee considered that the assessment scale in use was working too severely and decided to revise the scale and apply it not only

to future cases but to all who had outstanding obligations.

This was duly carried out and has resulted in a much smoother operation of the Scheme with advantage to parents and no expected loss to the Committee.

9. OPEN-AIR EDUCATION.

No special "Open-Air Schools" have been provided in the County. In my introductory comments I have again stressed the need for special provision for selected children.

10. PHYSICAL TRAINING.

During the year 82 cases have been referred to the Superintendent of Physical Instruction for special advice and supervision when visiting the schools.

The following important report has been furnished to me by the Director of Education.

"REPORT ON PHYSICAL TRAINING FOR THE TWELVE MONTHS ENDED MARCH 31st, 1934.

Number of schools visited : 461.

In co-operation with the School Medical Service, the Organiser of Physical Training has seen a number of children listed to her for advice on special remedial treatment. Unfortunately there is little time to follow up such cases.

Now that the clothing worn during Physical Training lessons is becoming more sensible, it is easier for the Teachers to see the posture in the class, but unfortunately many Teachers appear to have little eye for correct form, and pay too little attention to it. In the Teachers' classes, special attention is always paid to posture and the importance of training good posture in the school children.

The great event of the year was the arrival of the new Physical Training Syllabus which made its appearance last October. Many of our schools received their copies at once, but owing to the enormous sale the book was several times out of print, with the result that some schools only received their copies during the summer term. The book has been received with enthusiasm by both Teachers and children, and already great improvement is noticeable.

During the year the Organiser found it necessary to spend a great deal of time talking to Head Teachers and Staffs, explaining the uses and possibilities of this syllabus. In districts which have had Teachers' classes in the last two years the book offers no great difficulties as the classes were on the lines of the new syllabus, but in other districts the work calls for a good deal of demonstration and explanation, and many of the older Teachers at the moment fight shy of starting this new work until they have some instruction.

The Infant work on the whole is progressing very satisfactorily, and the children are getting a sound training which leads to the later work. Teachers are realising more and more that they can rightly make great demands on these small children. The Infant schools are becoming well equipped with all the small apparatus which helps the Teachers to make the lesson really purposeful and educational.

Practically all Infant classes have the daily primary and secondary lessons so strongly urged by the Board of Education.

The importance of the provision of the daily lesson throughout the junior school is becoming more generally realised and a great many of our schools have now adopted that principle, some of the younger classes even having one or two additional periods. Consequently, the work is improving rapidly and the spirit of enthusiasm and enjoyment is very noticeable.

Before this Junior Syllabus came out our Teachers of senior boys and girls were working either on the 1919 syllabus or the Supplement for Older Girls. To use these last syllabuses effectively, the use of portable gymnastic apparatus is necessary, but, as stated in the last report, we have practically none of this apparatus in our schools, and are falling far behind most other Education Authorities in this respect. It is not expected that the Board's promised syllabuses for senior boys and girls will be issued for a year or two, and it will be lamentable if, because of this lack of apparatus, we must mark time with our seniors and keep them at much the same work as the juniors, instead of giving them advanced work suitable to their age and physique.

The Board advocate the use of portable apparatus such as balancing benches, jumping stands, mats, vaulting horse and box for use in senior classes.

Specialisation is encouraged in the senior schools, and a number of Teachers are already qualified to teach apparatus work; others could get the necessary qualification in the Teachers' Classes or at a Summer School.

The allowance of £200 for the supply of small apparatus for use in physical training and games is very greatly appreciated by the Organiser and the Teachers. Tremendous headway in the way of equipment has been made during the year, and many schools have made great efforts to acquire all the necessary apparatus suggested in the syllabus. It has been possible to supply sets of small lino mats for a number of schools, so that the suggested exercises in lying and sitting positions can be carried out in the open air. These mats frequently have to be used in the halls too, as unfortunately these floors are often not fit to sit, lie, or even put one's hands on.

Tidy storage of so much apparatus is becoming a problem which each school must solve in its own way. Many schools have been quite ingenious in the matter of cupboard or shelf space, and many large wooden chests and boxes are being put to good use.

The £50 grant for supplying white paint for marking playgrounds is proving an enormous help to Teachers. Permanent lines make a great difference in the rapid organisation of large numbers both in Physical Training and Games Lessons.

Clothing and Shoes.

Great headway has been made during the year in the matter of clothing. The illustrations and photographs in the syllabus have been a great incentive. Many girls' classes have now adopted blouses or jerseys and dark knickers as their uniform for Physical Training, and nearly all have suitable shoes, though unfortunately in several districts it is very difficult indeed to get all the children to bring rubber shoes. This is most unfortunate as it is definitely dangerous to attempt certain activities when the children are badly and unsuitably shod.

More Teachers are showing by example the necessity for rubber shoes, and it is these keen Teachers who get the greatest response and who are to be congratulated on their success in this respect, and urged to carry on the campaign still further.

Organised Games.

The Organiser has again had to devote practically all her time to syllabus lessons and has been unable to give much time to the supervision of Games Lessons. Many schools are still handicapped by lack of fields and adequate space in playgrounds for organised games. In a few cases we are not making use of adjacent fields owned by the Committee. It is hoped that this will be arranged in the near future.

A large number of schools are now holding a 'Sports Day' each year, and because of this athletics are receiving more attention. Part of the games lesson is devoted to athletic practices in preparation for Sports Day.

Dancing.

Folk and National Dancing is taking place in many schools. A large number of teams were entered for the various English Folk Dance Competitions during the year and the dancing was of a good standard. The enthusiasm for Scottish Country Dancing is gradually spreading.

The number of gramophones in the schools is increasing rapidly, and the Committee's grant of £10 for the purchase of records which can be borrowed by the Teachers is very helpful. A number of schools have wireless sets which they can use for various lessons.

Swimming.

Interest in Swimming has again increased this year, and good progress was made in the classes, due mainly to the improved methods of class teaching which is essential with our big numbers. Improvement in style was particularly noticeable among the boys.

Conditions at Worksop were very difficult. The Open Air-Bath

was much improved by being tiled, and having a filtration plant installed, but these alterations, together with beautiful weather, attracted the public and huge crowds of bathers made class teaching impossible. In spite of this the swimming improved considerably. It is hoped to persuade the Council to set aside certain times for the school children.

Many Teachers have started keeping a weekly record of their pupils attainments, and this leads to more methodical coaching at the Baths. Teachers are urged to make more use of 'Land Drill' in the Physical Training Classes, and it would be well if they would also make a closer study of the A. S. A. Handbook and also the Royal Life Saving Society's Handbook when coaching their pupils for the Committee's Life Saving Certificate.

It is much hoped that before the next swimming season starts, arrangements will have been made for grants to cover the entrance fees of all children who attend the Baths, and also to pay the 'bus fares of these children, and the Teachers who take them. In a few cases at present swimming is restricted to those children who can afford to pay their entrance fee and 'bus fare.

It is felt that some modification is necessary in the qualifications for the Committee's Swimming Certificates, and it is hoped that a meeting of all Teachers interested in Swimming will be arranged during the Spring.

Committee's Certificates gained.

				1st Certificate.	2nd Certificate.	Life Saving.
Boys	...	...	...	263	54	20
Girls	...	...	...	220	78	26
				<hr/>	<hr/>	<hr/>
Total	...	...	...	483	132	46

Awards of the Royal Life Saving Society.

	Elementary.	Proficiency.	Bronze Medallion.
	2	10	15

Attendances : 18,226.

Number of children taught to swim, although they did not all qualify for the 1st Certificate : 673.

Teachers' Classes.

In the Summer Term 1933, two Courses for Teachers were held in Worksop, covering Infant, Junior, and Senior work.

In the Autumn of 1933, two Teachers' Classes of Scottish Country Dancing were held. This was the first time such classes had been held in the County and they were well attended by enthusiastic Teachers.

In the Spring of 1934, two Physical Training Courses covering Infant, Junior, and Senior work were held in Hucknall. These ended with an afternoon demonstration of this work for all Head Teachers in the district.

The Organiser attended a Course of Scottish Country Dancing in St. Andrews in August 1933, and also a one-day Conference of the Board of Education for Physical Training Organisers and Lecturers which was held in Scarborough.

From January 1st—6th 1934, by permission of the Committee, the Organiser attended the 'Ling Holiday Course' in London, and also the Conference of the National Association of Organisers of Physical Education held in London in March.

K. R. FRANK,

Organiser of Physical Training.

11. PROVISION OF MEALS.

No meals were provided during the year.

12. CO-OPERATION BY PARENTS.

The interest of parents in the working of the School Medical Service on behalf of their children was well maintained, very large numbers of mothers attending at Medical and Dental Inspections in the Schools and at the various Treatment Clinics.

At Medical Inspections 17,479 children were accompanied by parents, 66% of total number examined.

Throughout the Service every endeavour is made to encourage the interest of mothers and fathers and to make them feel that their presence at the time of inspection or treatment is valuable and really welcomed.

There is now an increasing correspondence with parents seeking advice both direct and through the channel of the Teachers, whose interest is a great asset in maintaining contact with parents.

The number of parents who withheld their children from Inspections was very small and the number seeking facilities for "special" inspections was large.

A considerable amount of the Medical Officers' work at School Clinics is of such a character, advising parents who, of their own initiative, have brought their children for examination on account of some symptom observed or some defect suspected.

The care with which parents now maintain the bodily cleanliness, clothing and footwear of their children has been demonstrated earlier in this Report by actual figures.

13. CO-OPERATION BY TEACHERS.

It may, perhaps, be said that the Teachers are now an integral part of the Medical Service organisation.

Their help and support are certainly indispensable at every stage and the Service most gratefully recognises the competence and the fullness of their co-operation.

A very definite load of work and responsibility is now carried by Head Teachers in this connection and the extent of the irruption of the Medical Service into school routine has unavoidably grown as the Service has expanded.

The work, the interference with routine and the responsibility have been accepted throughout the year in such a way as to show that Head Teachers and their Staffs take a vital interest in the health of the children in their charge.

In my last Report I explained the increasing difficulty which was being experienced in arranging a sequence of consecutive days of Medical Inspection in large schools, a difficulty affecting adversely the normal school routine. This difficulty, of course, persists, and again I wish to indicate that the inconvenience caused to Head Teachers is recognised and to assure all concerned that every endeavour is constantly made to harmonise the needs of the schools with those of the other services involved, with a minimum of interference with school routine.

The expansion of the Dental Service has, of course, added to the Head Teachers' work and added to the interruption of the Teachers' normal work very considerably.

The real success of that Service can be read as a measure of the extent of the co-operation of Head Teachers and, so read, pays them the tribute which they would most desire.

14. CO-OPERATION BY SCHOOL ATTENDANCE OFFICERS.

Close co-operation has been maintained throughout the year both between the central Staffs of the School Medical Service and the School Attendance branch of the Education Department, and between the "out-door" Staffs.

Our mutual contacts are of daily occurrence ; in the handling of infectious disease, delicate children, absentees, cases requiring special examinations at the various Clinics ; in the ascertainment of "exceptional children," suspected mental defectives, epileptics and cripples ; and working in harmony we are able to secure that any action taken is in the child's best interests and each Service is able to assist materially the efficacy of the other.

The greatest help has always been available through Mr. W. A. Moore, the Superintendent School Attendance Officer, and I gratefully acknowledge the willing co-operation given by the Officers under his supervision.

15. **CO-OPERATION BY VOLUNTARY BODIES.**

Much valuable help has been received during the year from the Honorary Staffs of Voluntary Hospitals in affording advice or treatment to selected cases referred to them at the Hospitals by the School Medical Staff on account of conditions which could not be dealt with under School Medical Service Schemes, or which required Specialists' examinations.

The Officers of the National Society for the Prevention of Cruelty to Children have given liberally of their services in following-up difficult cases referred to them, and have frequently secured amelioration of conditions or the carrying-out of essential treatment advised.

I wish to acknowledge the very ready help always given promptly and efficiently by Inspectors Kyle, Cunningham, Banyard and Odey.

16. **BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.**

The number of children ascertained in the County in each of these categories is shown in Table III in the Appendix, together with their disposition as regards school attendance at the end of the year.

This shows that there are 18 children suffering from epilepsy who are not at any school or institution, 272 children for whom attendance at open-air schools is desirable, 286 feeble-minded children not in special schools or institutions and others who should be receiving special school education.

Of the 380 educable mental defectives ascertained (certified), 94 are accommodated at special schools at Hopwell Hall (boys) Sutton Fields House (girls) and certain special schools in the City of Nottingham.

To both County Schools, owing to their smallness and consequent difficulty in classification, only fairly high or medium grade mental defectives are sent, such children as may receive maximum benefit, of whom at least some may become self-supporting citizens.

Active consideration is now being given to the provision of more special school accommodation for boys and for girls.

The taking over by my Department of the work of the administration of the Mental Deficiency Acts in July, 1933, has proved advantageous in securing co-ordination and continuity of care, and as both the Education Committee and the Committee for the Care of the Mentally Defective are planning considerable provision of accommodation, the care of mental defectives should in the course of the next few years be greatly improved.

One hundred and eighty-nine special examinations for mental deficiency were carried out and the cases were classified as follows :—

Idiots	...	...	...	...	2
Imbeciles	...	...	...	...	12
Mental Defectives			...	...	88
Dull and Backward			...	...	84
Normal	...	...	...	...	3
					<hr/>
					189

Regular monthly visits were made to both the County Special Schools by Dr. C. W. W. Jeremiah, with a view to the exercise of a general medical supervision, to retest each child annually, to record the rate and direction of progress, and to report on cases on discharge.

Under the Higher Education Scheme there were ten blind, one deaf and one epileptic adults under training during the year.

17. NURSERY SCHOOLS.

There are no Nursery Schools in the County.

18. SECONDARY SCHOOLS.

The following Secondary Schools were visited during the year for the purpose of Medical Inspection.

<i>Maintained Schools.</i>					<i>Number Examined.</i>
Nottingham County Secondary (Girls)	...	...	...	...	146
Retford County High School for Girls	...	...	...	...	253
Sutton-in-Ashfield Secondary School (Girls)			...	...	119
West Bridgford County Secondary School (Mixed)				...	418
Henry Mellish County Secondary School (Boys)				...	452
<i>Aided Schools.</i>					
The Brunts School, Mansfield (Mixed)	...	...	...	...	407
Queen Elizabeth's Grammar School for Girls			...	...
(Mansfield)	...	...	...	...	272
Southwell Minster Grammar School (Boys)			...	...	79
Queen Elizabeth's Grammar School for Boys (Mansfield)					315
					<hr/>
Total examined					2,461

The Queen Elizabeth's Grammar School for Boys was inspected for the first time, at the request of the Governors.

The character of Medical Inspection and the arrangements for treatment and following-up were continued as fully described in my Report for 1931. In the Appendix will be found a Table showing the defects ascertained at Medical Inspections at Secondary Schools (Table II

Secondary) and in Table IV. (groups ii and iii Secondary) and Table III (Local) are shown the particulars of treatment given for defective eyesight, defects of nose and throat and dental defects.

The numerically outstanding defects found in the year 1934 were defective eyesight (630 cases, compared with 565 in 1933) and dental defects (422 compared with 375 in 1933).

Chronic tonsillitis and/or adenoids were found in 137 cases (only 11 of which were considered to require treatment), compared with 106 last year.

Functional heart disturbances were found in 86 cases, and anaemia was present in 169.

Deformities (spinal curvature 68) were found in 180 cases.

Skin diseases and minor eye and ear defects were found only in small numbers.

A total of 1,256 pupils was found to require treatment.

Treatment under the Schemes of the Local Education Authority was given as follows :—

For Defective Vision	...	...	...	...	...	308
Defects of Nose and Throat	...	...	...	...	...	6
Orthopaedic Defects : out-patient treatment	...	...	...	...	...	2

The numbers of defects found are, of course, considerably higher than in the previous year, owing to the inclusion of an additional school (315 boys examined).

The Head Masters and Head Mistresses of the Secondary Schools, as usual, took great interest in the medical work done for their pupils and gave every facility for the conduct of the work. Though every endeavour is made to study their convenience in fixing inspections and appointments, there is unavoidable disturbance to school routine, and I gratefully acknowledge their unstinted help.

19. EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

Examinations to determine their fitness for employment were carried out on 330 school children. Certificates of fitness were granted in 329 cases.

20. PARENTS' PAYMENTS.

Parents are required to contribute towards the cost of treatment, with the exception of minor ailment treatment, towards which they are invited to make voluntary contributions.

The arrangements with regard to parents' contributions are as follows:—

Provision of Spectacles. The cost varies between four shillings and six shillings in “nickel” frames. Spectacles are supplied on the parents' signing an undertaking to repay by instalments. Such payments are made to the Head Teachers. In necessitous cases, the whole or part of the cost is remitted, the circumstances of each case being considered by a Minor Committee and assessments being made in accordance with an approved guiding scale. This scale has been revised during the year.

Parents desiring more expensive frames may obtain them on very reasonable terms from the Opticians, but prepayment is then required.

Operations for Chronic Tonsillitis and Adenoids. The scale of charges has been revised, and parents are now required to pay such portion of the total cost incurred by the Committee as their means are adjudged to allow. The scale allows for very moderate charges in appropriate cases, and for free treatment for those who are necessitous.

Dental Treatment. A fee of one shilling is charged to meet the cost of all treatment required at each routine inspection. This is collected by the Head Teachers and must be prepaid.

In cases considered by the Head Teachers to be necessitous the fee is remitted on the certificate of the Head Teacher.

The cost per child is approximately ten shillings.

The fee is, therefore, a very small contribution, its collection is a very burdensome business and in addition it is to some extent a deterrent to acceptance of treatment.

Orthopaedic Treatment. Out-patient treatment is provided at the various Clinics of the Cripples' Guilds to which the Education Committee pays grants annually.

These grants secure free treatment for necessitous cases, but otherwise parents are asked by the Guilds to pay fees according to their ability. The Committee require parents to pay for appliances according to their means.

In-patient Treatment. The cost is £2 12s. 3d. per bed per week, and only in rare cases can parents meet the whole cost. Cases are assessed as previously described and parents are required to pay such portion of the total weekly cost as may be fixed, by weekly payments.

X-Ray Treatment for Ringworm is given free of cost to parents.

Minor Ailment Treatment is given free, parents being invited to contribute voluntarily by means of a collecting box in each Clinic.

Treatment of Tuberculosis is free.

Pupils in Secondary Schools are able to participate in each of these services, if their parents so desire, on similar terms, except that Dental treatment is limited to Intending Teacher Candidates and the fees are as follows :—

A single “treatment” (one tooth) 2|6d.

More than one “treatment” and inclusive of all treatment required 5|-.

21. SPECIAL REPORTS AND INQUIRIES.

(1) AN INVESTIGATION OF THE STATE OF THE TEETH OF 54 INTENDING TEACHER CANDIDATES (GIRLS).

By Mr. D. E. Mason, L.D.S.

“The 54 intending teacher girl candidates were submitted to a very careful Dental Inspection and their dental condition was charted in detail. The ages of the girls varied between fourteen and six-twelfths and eighteen and two-twelfths—the average age being sixteen and one-twelfth.

The augmented County Dental Service has now been in operation for five years and it should therefore be appreciated that these girls received at the most only biennial attention between the ages of five and eleven.

If the ‘wisdom teeth’ are omitted, each girl should have 28 teeth, and the total number of teeth under consideration is therefore 1,512.

The inspection revealed the following facts :—

Number of teeth already extracted	...	...	...	136
„ „ „ due for extraction	...	...	...	28
„ „ „ already filled	...	...	...	289
„ „ „ requiring filling	...	...	...	109
„ „ „ showing past or present decay	...	...	...	562

In other words the Inspection revealed that on an average each girl had developed slightly over ten defective teeth by the age of sixteen and one-twelfth years. The number of defective teeth in any one mouth varied between none (in the case of one girl only) and seventeen.

An attempt was made to ascertain the extent to which these girls underwent ‘private treatment’ but the histories of individual cases were by no means complete. The following information is therefore based to some extent on answers given by the candidates to questions put by the Dental Officers concerned.

Out of 136 extractions, 42 were done privately.

„ „ 289 fillings, 11 „ „ „

‘Privately’ means treatment carried out by somebody other than a Nottinghamshire School Dental Officer.

An analysis of the teeth already extracted together with those due for extraction is as follows :—(Note that 216 teeth are concerned in each group).

1st Molars	...	...	...	...	...	...	99
2nd Bicuspid	...	...	...	...	...	...	26
1st Bicuspid	...	...	...	...	...	...	23
2nd Molars	...	...	...	...	...	...	7
Canines	...	...	...	...	...	...	3
Upper Incisors	...	...	...	...	...	...	2
Lower incisors	...	...	...	...	...	...	2
TOTAL							162

The high incidence of the loss of the first permanent molar is worthy of comment—but this tooth becomes very much more notorious if the full facts relating to it are disclosed, as follows :—

<i>1st Molar.</i>							
Number already extracted or due for extraction...	...	...	...	...	...	...	99
Number already filled	...	...	...	...	...	...	84
Number due to be filled	...	...	...	...	...	...	13
TOTAL							196

The deduction is that 196 out of the 216 (90%) of these first molars showed active decay by the age of sixteen and one-twelfth years.

It is not safe to attempt to make any deductions from the statistics relating to the other groups of extracted teeth as some of these were undoubtedly extracted for reasons other than decay.

It is, however, significant to record that the Inspection revealed that 75 first and second bicuspid had either been filled or required filling, and as it is known that these particular teeth do not decay to any appreciable numerical extent during the recognised school ages, it must automatically follow that decay attacks them very shortly after school leaving age :—that is, when they are no longer eligible for treatment under the School Medical Service.

Conclusions. The findings in this investigation are in harmony with similar investigations carried out elsewhere. The outstanding feature of any such investigation is always the abnormally high incidence of decay in the first permanent molar, and the clinical observations seem to

suggest that unless this particular tooth can be properly filled in the earliest stages of decay it might just as well be extracted. The statistics convey that decay is remarkably symmetrical in its attack—a point which School Dental Officers might well bear in mind when deciding on the nature and extent of the treatment to be given.

The investigation also conveys that the time which elapses between the eruption of a tooth and the onset of decay in this tooth depends to a large extent on the shape or form of the tooth—the more complex the form the more speedily is it attacked after eruption. Examples of this are ; the complex first molar which erupts at six years of age is attacked by decay at seven or eight years of age, whereas the permanent incisors which are of a simple shape and which erupt about the same time are not normally attacked by decay until several years after their eruption.

The investigation emphasises the need for a School Dental Service which provides for the detection of and treatment of dental defects in the earliest stages, as it is only by the adoption of such a procedure that the teeth will be maintained in a healthy state.”

(2) LEFT-HANDED CHILDREN

Further results and impressions of the inquiry into the incidence of left-handedness and the effects of training in right-handedness.

By Dr. C. W. W. Jeremiah.

“During the course of routine School Medical Inspection forms of inquiry were completed for 800 left-handed children.

Of this number 329 were receiving special training in the use of the right hand, whilst 471 were receiving no special training. The number of children receiving training shows a welcome increase (132 out of 783 in 1933) an improvement which may be due to the encouraging results of last year’s preliminary investigation.

A review of the reports of the 329 children receiving training shows that in nine cases nervous manifestations of mental strain, worry or irritability have apparently resulted. I say ‘apparently’ deliberately, as such signs are certainly not peculiar to this type of child and are to be noted daily amongst all types and ages of school children. Chorea was noted in two cases and further training was deemed inadvisable. Stammering was recorded in three instances but in two of these cases the stammer existed before special training was commenced and has not been accentuated by it. In one case the Medical Officer was of the opinion that training should not be persisted in. In all, the adverse results of training were such as to influence the examining Medical Officers to advise the cessation of special training in five cases. This number out of 329 examined does not suggest a serious state of affairs and certainly does not merit depriving the other 324 children of the benefits of training.

More than one Head Teacher is of the opinion that special training in the use of the right hand is only justified when natural ambidexterity is present.

It is of interest to note that 53 of these 329 children were considered to be ambidexterous and of these 53, 38 were girls who sew and knit with the right hand.

It is not unreasonable to infer that this 'right-handedness' is due entirely to correct training from the commencement of their sewing studies.

The condition of left-handed predominance was considered to be inveterate in seventeen instances, but as no nervous trouble had resulted from training, this was being persevered with.

Of the 471 children not receiving special training, 29 were stated to be 'inveterate' and had failed to respond to training.

In 427 instances no specific reason was given, though in 50 of these cases the children were stated to be ambidexterous.

Other reasons for withholding training were given as follows :—

Mental Deficiency	...	...	...	...	...	...	3
Epilepsy	...	...	...	...	...	...	1
Chorea	...	...	...	...	...	...	3
Enuresis (a result of training)	...	...	...	...	...	...	1
Poor general physical condition	...	...	...	...	...	...	1
Other nervous manifestations	...	...	...	...	...	...	4

In two instances stammering was the deciding factor. In one of these the mother 'said' the child stammered but this defect has not been noticed at school. In the other case the child was recorded as showing 'irritability and slight stammering.'

With reference to the 427 children who have not been given the opportunity of special training, it is obvious that some Head Teachers are still apprehensive of the possible ill-effects of special training.

Others of this number are accounted for by the fact that one or two Head Teachers of Senior Schools are convinced that to commence training at an advanced school age is not justified by practical results, and I appreciate this view.

The more I study the facts revealed by the investigation during the year the more it seems obvious to me that any of the adverse results of special training might have arisen in the ordinary school life of the children affected.

The incidence of stammering amongst left-handed children under training was shown in last year's Report to be less frequent than amongst the average school population.

Five cases are noted this year out of 800, being 0.62%.

In 1933, five cases were noted in the examination of 783 children.

The results of this inquiry during the past two years justify the contention that special training should be available in all cases, and should only be modified or withheld after it has been proved beyond doubt that ill effects are directly resulting.’’

22. MISCELLANEOUS WORK.

In addition to the work already recorded, the following special examinations have been made during the year :—

Candidates for the Teaching Profession	...	...	...	249
Supplementary Teachers	...	...	...	9
Caretakers	...	...	...	11

Of the candidates for the teaching profession :—

2 candidates were rejected ; one on account of heart condition and one on account of general health.

28 required Dental Treatment.

95 were suffering from defective eyesight.

The numbers treated are shown in the sections of this Report dealing with dental treatment and treatment of defective vision.

* * * * *

In conclusion I wish to record with gratitude the loyal and zealous service which has been rendered by the whole Staff, in particular mentioning my Assistants, Dr. G. G. Buchanan; Dr. C. W. W. Jeremiah; my Senior Dental Officer, Mr. D. E. Mason; my Chief Clerk, Mr. W. L. Richardson; and Miss L. Page, the Senior Clerk of the School Medical Service Section.

My thanks are also due to the Honorary Staffs of the Voluntary Hospitals for much help in advising upon special cases referred to them by the Medical Staff and to the Director of Education and his Staff.

To the Chairman and Members of the Committee I tender my sincere gratitude for their encouragement and support.

I have the honour to be,

Ladies and Gentlemen,

Your obedient Servant,

CHRISTOPHER TIBBITS,

STATISTICAL
TABLES.

TABLE I (Local). Showing the number of Children examined in each Group for the years 1908-34.

Year.	Entrants.	Leavers.	Int'mediate Group.	Total of Entrants, Leavers & Intermediate Groups.	Special Cases.	Grand Total.
1908	1667	1124	...	2791	1445	4236
1909	3038	2024	...	5062	3928	8990
1910	4014	2284	...	6296	3931	10229
1911	4751	2332	...	7083	3952	11035
1912	4272	2033	...	6305	3148	9453
1913	5427	4053	...	9480	1555	11035
1914	7646	5799	...	13445	2414	15859
1915	2774	1903	177	4854	1858	6712
1916	...	...	...	...	3485	3485
1917	...	...	...	...	3655	3655
1918	...	...	...	...	3394	3394
1919	6306	4676	5241	16223	1151	17374
1920	9186	5114	4649	18949	3204	22153
1921	6352	6110	5125	17587	3799	21386
1922	4785	4755	3809	13349	3118	16467
1923	3905	3945	3060	10910	2628	13538
1924	4499	4575	3672	12746	3474	16220
1925	5764	5094	3562	14420	5304	19724
1926	6458	5406	3727	15591	7445	23036
1927	6286	6074	4654	17014	7594	24608
1928	5863	5252	5785	16900	8757	25657
1929	5352	4485	5916	15753	7755	23508
1930	6273	4274	6034	17031	9879	26910
1931	6356	4588	5555	16499	9550	26049
1932	4883	5345	5075	15303	11761	27064
1933	5756	5495	5167	16418	9267	25685
1934	5301	4906	5072	15279	10878	26107

TABLE II. (LOCAL.) HAIR EXAMINATION. GIRLS.

Year.	Number examined.	Free from Nits (A).	Percent-age.	Very few Nits (F).	Percent-age.	Few Nits (B).	Percent-age.	Many Nits (C).	Percent-age.	Very many Nits (D).	Percent-age.
1908	...	...	33.0	...	...	...	...	...	...	...	...
1909	...	...	33.3	...	...	...	...	...	...	...	...
1910	...	...	39.4	...	...	...	...	...	...	...	...
1911	21813	9999	45.8	5558	25.4	5368	24.6	781	3.5	107	0.4
1912	20962	11030	52.4	6098	29.1	3361	16.1	444	2.1	29	0.16
1913	20758	10874	52.6	5761	27.8	3496	16.8	592	2.8	35	0.13
1914	19543	10617	54.3	5831	29.8	2757	14.1	331	1.6	7	0.03
1915	19696	10099	51.2	5880	29.8	3205	16.2	496	2.5	16	0.08
1916	20710	11285	54.4	5679	27.4	3322	16.1	410	2.0	14	0.06
1917	20756	12128	58.4	5297	25.5	2887	13.9	441	2.1	3	0.01
1918	18945	11620	61.3	4402	23.2	2644	13.9	274	1.4	5	0.02
1919	20285	13334	65.7	4936	24.3	1773	8.7	232	1.1	10	0.04
1920	20595	14481	70.3	4876	23.6	1099	5.3	128	0.6	11	0.05
1921	21116	15252	72.2	4501	21.3	1124	5.3	190	0.8	49	0.23
1922	21777	16118	74.0	4561	20.9	1009	4.6	75	0.3	14	0.06
1923	23541	17451	74.1	4723	20.0	1211	5.1	132	0.5	24	0.1
1924	23369	17771	76.0	4396	18.8	1055	4.5	132	0.5	15	0.06
1925	22903	18005	78.6	3971	17.3	792	3.4	123	0.5	12	0.05
1926	24654	19967	80.9	3673	14.8	823	3.3	189	0.7	2	0.008
1927	25663	21400	83.3	3252	12.6	837	3.2	164	0.6	10	0.03
1928	23558	20296	86.1	2117	8.9	846	3.5	221	0.9	78	0.3
1929	23609	20610	87.2	1976	8.1	754	3.1	225	0.9	94	0.3
1930	24257	21573	88.9	1741	7.1	662	2.7	220	0.9	61	0.2
1931	24878	22602	90.8	1576	6.3	533	2.1	158	0.6	9	0.03
1932	25284	23237	91.9	1494	5.9	396	1.5	142	0.5	15	0.05
1933	25674	23677	92.2	1472	5.7	394	1.5	120	0.46	11	0.04
1934	24929	23102	92.6	1330	5.3	390	1.5	104	0.41	3	0.001

TABLE III. (Local).
TREATMENT OF DENTAL DEFECTS
INTENDING TEACHER CANDIDATES.

Inspected.	Requiring Treatment.	Treated.	Attendances.	Fillings.
250	224	129	244	493

Extractions.		Anaesthetics.		Other Operations.
Permanent.	Temporary.	Local.	General.	
37	8	51	—	92

Half-days devoted to Inspections	...	4
Half-days devoted to Treatment	...	68

(These figures are included in Table IV. Group V.)

TABLE I. (B. of E.)

RETURN OF MEDICAL INSPECTIONS FOR THE YEAR 1934.

A. ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :

Entrants	...	...	...	...	...	...	5,301
Second Age Group	...	...	...	...	...	...	5,072
Third Age Group	...	...	...	...	...	...	4,906
TOTAL							15,279
Number of other Routine Inspections	...	...	...	...	...	...	Nil

B. OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	16,755
Number of Re-Inspections	...	...	...	17,435
TOTAL				34,190

TABLE II. (B. of E.)
A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE
YEAR ENDED 31st DECEMBER, 1934.

DEFECT OR DISEASE.					ROUTINE INSPECTIONS		SPECIAL INSPECTIONS	
					No. of Defects		No. of Defects	
					Requiring Treatment.	Requiring to be kept under observation but not requiring treatment.	Requiring Treatment.	Requiring to be kept under observation but not requiring treatment.
(1)					(2)	(3)	(4)	(5)
Malnutrition					9	57	24	56
Skin	{ Ringworm :—							
	{ Scalp				4	—	1	1
	{ Body				4	—	5	—
	{ Scabies				18	—	12	—
	{ Impetigo				82	—	46	—
Eye	{ Other Diseases (Non-Tuberculous)				77	16	78	10
	{ Blepharitis				99	9	123	3
	{ Conjunctivitis				16	2	11	2
	{ Keratitis				3	—	1	—
	{ Corneal Opacities				1	2	1	3
	{ Defective Vision (excluding Squint				1,132	356	2,206	456
	{ Squint				264	18	451	26
Ear	{ Other Conditions				24	12	11	11
	{ Defective Hearing				47	52	62	78
	{ Otitis Media				99	37	136	31
	{ Other Ear Diseases				44	13	22	9
Nose and Throat	{ Chronic Tonsillitis only				85	854	137	979
	{ Adenoids only				8	39	16	31
	{ Chronic Tonsillitis & Adenoids... ..				356	343	473	276
{ Other Conditions					53	30	69	30
Enlarged Cervical Glands (Non-Tuberculous)					16	202	26	166
Defective Speech					21	52	35	44
Heart and Circulation	{ Heart Disease :—							
	{ Organic				34	118	109	237
	{ Functional				5	229	7	221
Lungs	{ Anaemia				420	30	515	34
	{ Bronchitis				228	200	150	264
	{ Other Non-Tuberculous Diseases				12	56	16	50
Tuberculosis	{ Pulmonary :—							
	{ Definite				8	2	13	16
	{ Suspected				8	31	5	74
	{ Non-Pulmonary :—							
	{ Glands				10	21	17	29
	{ Bones and Joints				2	3	8	9
	{ Skin				—	—	1	—
Nervous System	{ Other Forms				—	4	3	5
	{ Epilepsy				12	6	27	10
	{ Chorea				12	11	47	21
Deformities	{ Other Conditions				23	75	46	80
	{ Rickets				24	40	19	31
	{ Spinal Curvature				61	34	66	50
Other Defects and Diseases	{ Other Forms				81	40	101	64
	{				211	478	471	606
Total					3,613	3,472	5,567	4,013

TABLE II. (B. of E.)

B.—NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT (excluding Uncleanliness and Dental Diseases).

GROUP (1)	Number of Children	
	Inspected (2)	Found to require treatment (3)
PRESCRIBED GROUPS :—		
Entrants	5,301	1,105
Second Age Group	5,072	1,103
Third Age Group	4,906	1,167
Total (Prescribed Groups)	15,279	3,375
Other Routine Inspections	Nil	Nil
Grand Total	15,279	3,375

TABLE II. (B)—MODIFIED.

NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION WHO WERE REFERRED FOR TREATMENT (excluding Uncleanliness and Dental Diseases).

GROUP (1)	Number of Children	
	Inspected (2)	Referred for Treatment (3)
PRESCRIBED GROUPS :—		
Entrants	5,301	799
Second Age Group	5,072	778
Third Age Group	4,906	680
Total (Prescribed Groups)	15,279	2,257
Other Routine Inspections	Nil	Nil
Grand Total	15,279	2,257

TABLE III. (B of E.)

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

23

BLIND CHILDREN.

At Certified Schools for the Blind.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
21	—	—	2	23

PARTIALLY BLIND CHILDREN.

At Certified Schools for the Blind.	At Certified Schools for the Partially Blind.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	—	51	—	20	71

DEAF CHILDREN.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
33	—	—	2	35

PARTIALLY DEAF CHILDREN.

At Certified Schools for the Deaf.	At Certified Schools for the Partially Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	—	16	—	—	16

MENTALLY DEFECTIVE CHILDREN.
FEEBLE-MINDED CHILDREN.

At Certified Schools for Mentally De- fective Children.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
94	181	—	105	380

EPILEPTIC CHILDREN.
CHILDREN SUFFERING FROM SEVERE EPILEPSY.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
1	—	—	18	19

TABLE III. (continued).

PHYSICALLY DEFECTIVE CHILDREN.

A.—TUBERCULOUS CHILDREN.

1. CHILDREN SUFFERING FROM PULMONARY TUBERCULOSIS.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
8	200	—	38	246

2. CHILDREN SUFFERING FROM NON-PULMONARY TUBERCULOSIS.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
23	21	—	3	47

B.—DELICATE CHILDREN.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	255	—	17	272

C.—CRIPPLED CHILDREN.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
15	245	—	57	317

D.—CHILDREN WITH HEART DISEASE.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	19	—	8	27

TABLE IV. (B. of E.)
RETURN OF DEFECTS TREATED DURING THE YEAR ENDED
31st DECEMBER, 1934.

TREATMENT TABLE.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Group VI.)

DISEASE OR DEFECT. (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
SKIN :—			
Ringworm—Scalp			
(i) X-ray treatment	11	—	11
(ii) Other	58	—	58
Ringworm—Body	57	3	60
Scabies	64	5	69
Impetigo	1,850	26	1,876
Other Skin Diseases	515	29	544
MINOR EYE DEFECTS (external and other, but excluding cases falling in Group II).	1,193	47	1,240
MINOR EAR DEFECTS	816	92	908
MISCELLANEOUS (<i>e.g.</i> minor injuries, bruises, sores, chil- blains, etc.)	6,138	645	6,783
TOTAL	10,702	847	11,549

TABLE IV (B. of E.)

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments. Group I.)

DEFECT OR DISEASE. (1)	NUMBER OF DEFECTS DEALT WITH.			NUMBER OF CHILDREN FOR WHOM SPECTACLES WERE		
	Under the Authority's Scheme. (2)	Other- wise. (3)	Total. (4)	Prescribed (1)		Obtained (2)
				(i) Under the Authority's Scheme.	(ii) Other- wise.	
ERRORS OF REFRACTION (including Squint) ...	2,859	81	2940	2,004	58	1,648
OTHER DEFECT OR DISEASE OF THE EYES (excluding those recorded in Group I.) ...						57
TOTAL ...	2,859	81	2,940			53

TABLE IV. (B. of E.
GROUP III. TREATMENT OF DEFECTS OF NOSE AND THROAT.

54

NUMBER OF DEFECTS

RECEIVED OPERATIVE TREATMENT.											
Under the Authority's Scheme, in Clinic or Hospital.				By Private Practitioner or Hospital, apart from the Authority's Scheme.				Total.			
(1)				(2)				(3)			
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)
19	9	636	—	8	1	16	—	27	10	652	—

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and Adenoids. (iv) Other Defects of the Nose and Throat.

TABLE IV. (B of E.)

GROUP IV. ORTHOPAEDIC AND POSTURAL DEFECTS.

	UNDER THE AUTHORITY'S SCHEME.			OTHERWISE.			Total number treated.
	Residential treatment with education.	Residential treatment without education.	Non-Residential treatment at an Orthopaedic Clinic.	Residential treatment with education.	Residential treatment without education.	Non-Residential treatment at an Orthopaedic Clinic.	
Number of children treated.	36 (1) 11 (2) 10 (3) 2 (4)	—	558	—	—	—	562

NOTE.—(1) These are Non-Tuberculous cases admitted to Orthopaedic Hospital under the Education Authority's approved formal arrangements.

(2) These are Tuberculous cases admitted to Orthopaedic Children's Ward at County Council Sanatorium, free of cost to Education Authority or parents.

(3) These are Tuberculous cases admitted to Children's Hospital, Gringley, under the Tuberculosis Scheme at no cost to the Education Authority or parents.

(4) These are cases admitted to Harlow Wood Orthopaedic Hospital under the Tuberculosis Scheme at no cost to the Education Authority or parents.

TABLE IV. (B. of E.).
GROUP V.—DENTAL DEFECTS.

1. Number of children who were :—

'a). Inspected by the Dentist:—							
Aged	5	...	...	...	...	...	—
„	6	...	...	...	...	...	3,520
„	7	...	...	...	...	...	3,783
„	8	...	...	...	...	...	4,129
„	9	...	...	...	...	...	4,339
„	10	...	...	...	...	...	4,202
„	11	...	...	...	...	...	3,823
„	12	...	...	...	...	...	3,055
„	13	...	...	...	...	...	2,904
„	14	...	...	...	...	...	1,136
							<hr/>
Specials	...	...	...	...	...	...	30,891
							569
							<hr/>
							31,460
							<hr/>

TABLE IV. (B. of E.)
GROUP VI.—UNCLEANLINESS AND VERMINOUS CONDITIONS

(i.)	Average Number of visits per School made during the year by the School Nurses	...	...	...	...	...	4
(ii.)	Total number of examinations of children in the Schools by School Nurses	...	...	...	...	...	205,213
(iii.)	Number of individual children found unclean	...	...	...	...	...	2,117
(iv.)	Number of children cleansed under arrangements made by the local Education Authority	...	...	...	...	...	Nil
(v.)	Number of cases in which legal proceedings were taken :						
	(a) Under the Education Act, 1921	...	...	...	...	...	Nil
	(b) Under the School Attendance Bye-Laws	...	...	...	...	...	Nil

The following Tables give the nature of the defects found in the case of Secondary Pupils.

TABLE II. (B. of E.) SECONDARY.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1934, IN THE SECONDARY SCHOOLS INSPECTED.

DEFECT OR DISEASE.							Routine Inspections.	
							No. of Defects.	
							Requiring Treatment.	Requiring to be kept under observation but not requiring treatment.
(1)							(2)	(3)
Malnutrition	...	...	...	...	...	...	—	1
Skin	Ringworm :—							
	{	Scalp	...	...	...	...	—	—
		Body	...	...	...	...	—	—
		Scabies	...	...	...	...	—	—
		Impetigo	...	...	...	...	1	—
		Other Diseases (Non-Tuberculous)				32	6	
Eye	{	Blepharitis	...	...	...	...	8	12
		Conjunctivitis	...	...	...	...	—	5
		Keratitis	...	...	...	...	—	—
		Corneal Opacities	...	...	...	...	—	1
		Defective Vision (excluding Squint)	...	...	...	...	523	88
		Squint	...	...	...	...	17	2
		Other Conditions				2	1	
Ear	{	Defective Hearing		...	...	...	5	13
		Otitis Media	...	...	...	...	9	9
		Other Diseases of the Ear		...	...	2	11	
Nose and Throat	{	Chronic Tonsillitis only		...	...	...	6	109
		Adenoids only		...	...	...	1	2
		Chronic Tonsillitis and Adenoids		...	...	5	14	
		Other Conditions		...	...	8	8	
Enlarged Cervical Glands (Non-Tuberculous).						3	17	
Defective Speech						—	3	
Teeth—Dental Diseases						420	2	
Heart and Circulation	{	Heart Disease :—						
		Organic	...	...	...	...	10	17
		Functional	...	...	...	...	1	85
		Anaemia				113	56	
Lungs	{	Bronchitis		...	...	...	9	9
		Other Diseases (Non-Tuberculous)		...	...	—	14	
Tuberculosis	{	Pulmonary :—						
		Definite	...	...	...	...	—	—
		Suspected	...	...	...	...	—	1
		Non-Pulmonary :—						
		Glands	...	...	...	...	—	1
		Spine	...	...	...	...	1	—
		Hip	...	...	...	...	1	—
		Other Bones and Joints		...	...	—	—
		Skin	...	...	...	...	—	—
		Other Forms				—	—	
Nervous System	{	Epilepsy		...	...	...	1	1
		Chorea		...	...	...	—	3
		Other Conditions		...	...	1	7	
Deformities	{	Rickets		...	...	...	1	1
		Spinal Curvature		...	...	...	30	38
		Other Forms		...	...	34	76	
Other Defects and Diseases						12	75	
Total						1,256	688	

TABLE IV. (B. of E.) SECONDARY.

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I.)		NUMBER OF DEFECTS DEALT WITH					NUMBER OF CHILDREN FOR WHOM SPECTACLES WERE		
DEFECT OR DISEASE.	(1)	Under the Authority's Scheme. (2)	By Private Practitioner or at Hospital apart from the Authority's Scheme. (3)	Other-wise. (4)	Total. (5)		Prescribed (1)		Obtained (2)
							(i) Under the Authority's Scheme.	(ii) Other-wise.	
ERRORS OF REFRACTION (including Squint)		308	37	—	345		192	37	114
OTHER DEFECT OR DISEASE OF THE EYES (excluding those recorded in Group I.)									37
TOTAL		308	37	—	345				

TABLE IV. (B. of E.) SECONDARY.
GROUP III. TREATMENT OF DEFECTS OF NOSE AND THROAT.

59

NUMBER OF DEFECTS

RECEIVED OPERATIVE TREATMENT.

Under the Authority's Scheme, in Clinic or Hospital.				By Private Practitioner or Hospital, apart from the Authority's Scheme.				Total.				Received other forms of Treatment.	Total number of treated.
(1)				(2)				(3)					
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(4)	(5)
1	—	5	—	—	—	—	—	1	—	5	—		
												2	8

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and Adenoids. (iv) Other Defects of the Nose and Throat.

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